

**Application for Professional Development Award  
For Management Pay Plan Employees**

Procedure for Requesting an Award

1. Before an employee applies for an Award, the employee must first determine whether his or her plans for professional development are consistent with the department's criteria for an Award.
2. To request an Award, an employee must complete and submit this form to his or her department head or designee by the end of the calendar year.
3. The request will be reviewed by a department head or designee, and the requesting employee will be notified of the determination. If an Award is not approved, the department shall provide the reason for denial.
4. The department head will submit the attached form to the Department of Employee Relations by the end of January. This award shall apply to professional development completed after January 1, 2008.
5. The Department of Employee Relations will review the request as soon as possible following receipt and issue a determination.

**EMPLOYEE INFORMATION:**

|   |  |                        |  |
|---|--|------------------------|--|
| <b>Name:</b>  |  | <b>Salary Grade:</b>   |  |
| <b>Job Title:</b>   |  | <b>PeopleSoft ID#:</b> |  |
| <b>Department:</b>  |  |                        |  |
| <b>Name of Professional Certification or Designation Achieved:</b>  |  | <b>Date Received:</b>  |  |
| <b>How does this certification add value?</b> Please state how this certification or designation enhances your skills or competencies and will allow you to add value. <i>Attach extra sheets if necessary.</i>   |  |                        |  |
| If you did not receive a certification, please state the nature and extent of the training or coursework you received, including time in the classroom, CEUs received, or other indications of learning, and explain how this will enhance your skills and competencies and allow you to add value to your department. <i>Attach extra sheets if necessary.</i> |  |                        |  |
| <b>Employee Signature:</b>  |  | <b>Date:</b>           |  |

**DEPARTMENT HEAD REVIEW**

|  |              |
|--|--------------|
| <b>The employee is eligible for a Professional Development Award</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |              |
| <b>The certification, training or coursework meets the criteria established for a Professional Development Award.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |              |
| If No, please explain.   |              |
| <b>Department Head Signature:</b>  | <b>Date:</b> |

**EMPLOYEE RELATIONS**

|                     |              |
|---------------------|--------------|
| <b>Approved By:</b> | <b>Date:</b> |
| <b>Comments:</b>    |              |